

<b>UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT</b>		<b>FORM B</b> For use by candidates and new employees		<b>JAN 2 - 2008</b> <b>JAN 22 2008</b> LEGISLATIVE RESOURCE CENTER 2008 JAN 30 PM 2:30 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	
Period Covered: January 1, <u>2007</u> - <u>Dec 31, 2007</u>					
Marianne Miller-Meeks					
(Full Name)					
11674 90th St Ottumwa, Ia 52501		641-683-7551			
(Mailing Address)		Daytime Telephone:			
<b>Filer Status</b>	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>IA</u> District: <u>2</u>	Date of Election: <u>Nov 4, 2008</u>	Check if Amendment  <input type="checkbox"/>	<b>A \$200 penalty shall be assessed against anybody who files more than 30 days late.</b>
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in black ink.

### PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

### EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

### CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).		
<b>Certification</b>  I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	<b>Signature of Reporting Individual</b>  <i>Marianne Miller-Meeks</i>	<b>Date (Month, Day, Year)</b>  01/18/2008

Name <u>Mariannette Miller-Meeks</u>	Page <u>1</u> of <u>5</u>
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[illegible]

Name Mariannette Miller Meeks

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**For additional assets and unearned income, use next page.**

## Continuation Sheet (if needed)

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**This page may be copied if more space is required.**

**SCHEDULE III — LIABILITIES**

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B \$10,001— \$15,000	C \$15,001— \$50,000	D \$50,001— \$100,000	E \$100,001— \$250,000	F \$250,001— \$500,000	G \$500,001— \$1,000,000	H \$1,000,001— \$5,000,000	I \$5,000,001— \$25,000,000	J \$25,000,001— \$50,000,000	K Over \$50,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				X							
JT	Bank of America, Wilmington, Delaware	credit cards		X									
JT	CitiCards, Des Moines, Iowa	credit cards		X									

**SCHEDULE IV — POSITIONS**

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization



# **SCHEDULE V—AGREEMENTS**

Name Mariannette Miller Meeks

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
9/7/08	Heartland Eye Care	Resigns from practice if elected, last working day Dec 31, 2008

# **SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting services
Iowa Medical Society	Board of Directors - President 2006-2007